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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (350)617-6383 From: Account Name : TRIAD PROFESSIONAL SERVICES Account Number : 12016000008 Phone : (350)777-2091 Fax Number : (770)220-1943 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDU- INVESTMENT, LLC Certificate of Status 0 Certificate Of	Division of Corporations Fax Number : (350)617-6383 From: Account Name : TRIAD PROFESSIONAL SERVICES Account Number : I2016000008 Phone : (350)777-2091 Fax Number : (770)220-1943 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDU- INVESTMENT, LLC Certificate of Status 0 Certificate of Status 0 Certificate of Status 0 Page Count 04 Estimated Charge S55.00		18
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Help

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SUBJECT:

COVER LETTER

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TO:	Registration Section
	 Division of Corporations

EDU-INVESTMENT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yoram Keinan

Name of Person

Smith, Gambrell & Russell, LLP

Firm/Company

1301 Avenue of the Americas, 21st Flr.

Address

New York, NY 10019

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Godani	212	907-9719
Name of Person	at (] Area Code	Daytime Telephone Numper

Enclosed is a check for the following amount:

🗎 \$55.00 Filing Fee & □ \$30.00 Filing Fee & \$25.00 Filing Fee. Certified Copy Certificate of Status

(auditional copy is enclosed)

D \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 OCT -4 PH 7: 13 TALLATIANS FLORIDA

EDU-INVESTMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/03/2011 and assigned Florida document number L11000125675

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida straet 4	icklraxs
		_, Florida
	Chy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Iris Norad	213) Hollywood Blvd.	🗆 Add
		Suite 306	Remove
		Hollywood, FL 33020	
MGRM	Oded Morad	2131 Hollywood Blvd.	
		Suite 306	🛛 Add
		Hollywood, FL 33020	🖻 Remove
	The Morad Trust	2131 Hollywood Blvd.	Change
MGRM			Add
		Suite 306	🖸 Remove
		Hollywood, FL 33020	Change
			Add
			Remove
			Change
			🖸 Remove
		······	Change

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fective date, if other than the date of liting:	(optional) filing or inner than 90 days after riting.) Parsinian to 605,0207 (3 tory filing requirements, this date will not be listed as th

D. If amending any other information, enter change(\$) here: tittuch additional sheets, if necessary.)

page 5

If the record specifies a delayed effective date, but not an effective time, at 12:01 arm, on the earlier of (b). The 90th day after the record is filed.

Dated	aber 2	
		Signature of emergebber or authorized representative of a member
	Oded Morad	
		Typed or posted name of strate

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Filing Fee: \$25.00

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